

From 2 Lt to 1Lt

REQUEST FOR AND APPROVAL OF PERSONNEL ACTIONS

I. PERSONAL DATA			
Last Name First Name Middle Initial	CAPSN	Grade	Charter Number
Duty Assignment	Wing	Unit Name	
II. DUTY ASSIGNMENT/STATUS CHANGE (CAPR 35-1)			
FROM: _____ TO _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> (Duty Title/Status) (Duty Title/Status) </div>			
III. AWARD OF ACTIVITY AND SERVICE RIBBONS (CAPR 39-3)			
<input type="checkbox"/> AWARD ACTIVITY AND SERVICE RIBBON CHECKED BELOW: <input type="checkbox"/> AWARD OF CLASP (For additional award)			
<input type="checkbox"/> Command Service Ribbon	<input type="checkbox"/> National Cadet Competition Ribbon	<input type="checkbox"/> Cadet Orientation Pilot Ribbon	
<input type="checkbox"/> Red Service Ribbon	<input type="checkbox"/> National Color Guard Ribbon	<input type="checkbox"/> Counter drug Ribbon	
<input type="checkbox"/> "Find" Ribbon	<input type="checkbox"/> Cadet Advisory Council Ribbon	<input type="checkbox"/> Encampment Ribbon	
<input type="checkbox"/> Air Search and Rescue Ribbon	<input type="checkbox"/> Cadet Community Service Ribbon	<input type="checkbox"/> Recruiter Ribbon	
IV. TRANSFER (CAPM 39-2)			
FROM: _____ TO _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> (Charter Number) (Charter Number) </div>			
<small>NOTE: The gaining unit commander should initiate the transfer form. The losing unit commander has 60 days after the transfer action appears on the Monthly Membership Listing to notify HQ CAP/LMM if he/she disapproves of the transfer for any reason. In such cases, the transfer will be</small>			
V. RETIREMENT (CAPR 39-1)			
<small>The above named individual is eligible for retirement from Civil Air Patrol in accordance with CAPR 35-1. His/her period of CAP service is indicated below (if this period of service is not continuous, please explain in the remarks section).</small>			
FROM: _____ TO _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> (Date) (Date) </div>			
VI. REMARKS (use reverse side of form if additional space is required)			
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 60%;"> <p>This section is a good place to document the start (and later, ending) dates of your specialty track training. The ONLY other place this is documented is in SOME Specialty Track and Study Guides. Other places it is RECORDED (not documented) is on CAPF 45b and the STR.</p> </div>			
I certify that all pertinent directives have been complied with and that this action is in the best interest of Civil Air			
Unit Charter No.	Signature of Requester	Typed Name and Grade of Requester	
APPROVED	Signature of Flight/Squadron Commander	Flight/Squadron	Date
APPROVED	Signature of Group Commander	Group	Date
APPROVED	Signature of Wing Commander	Wing	Date
APPROVED	Signature of Region Commander	Region	Date

REQUEST FOR PROMOTION ACTION							
I. PERSONAL DATA							
NAME (LAST, FIRST, MIDDLE INITIAL)		CAPID		CHARTER NO.	WING	UNIT NAME	
CURRENT GRADE	DATE OF CURRENT GRADE	DATE JOINED CAP		CURRENT DUTY ASSIGNMENT			
II. TRAINING DATA							
LEVEL I <input type="checkbox"/> Orientation Course <input type="checkbox"/> Cadet Protection Program Training <div style="display: flex; justify-content: space-between;"> ____ Mo/Yr Completed ____ Mo/Yr Completed Required for Level I effective 1 Jan 91 </div>		SPECIALTY TRAINING Highest Rating Earned Specialty Number <input type="checkbox"/> Tech _____ Mo/Yr Completed <input type="checkbox"/> Sr _____ Mo/Yr Completed <input type="checkbox"/> Master _____ Mo/Yr Completed		LEVEL II _____ Date of COP Award	LEVEL III _____ Date of Loening Award	LEVEL IV _____ Date of Garber Award	LEVEL V _____ Date of Wilson Award
III. OFFICER GRADE REQUESTED							
<input type="checkbox"/> 2d Lt <input type="checkbox"/> 1st Lt <input type="checkbox"/> Capt <input type="checkbox"/> Maj <input type="checkbox"/> Lt Col							
I certify that the above member has completed all requirements for promotion to the grade indicated in accordance with CAPR 35-5. Promotion method used (Check one of the following four methods):							
(1) DUTY PERFORMANCE <input checked="" type="checkbox"/>							
PROMOTION TO		SKILL LEVEL REQUIRED		MINIMUM TIME-IN-GRADE			
<input type="checkbox"/> 2d Lt		Level I		6 months as member			
<input type="checkbox"/> 1st Lt		Technician Rating (Specialty Track)		12 months as 2d Lt or TFO (or combination thereof)			
<input type="checkbox"/> Capt		Level II (COP Award)		18 months as 1st Lt or SFO (or combination thereof)			
<input type="checkbox"/> Maj		Level III (Loening Award)		3 years as Capt			
(2) SPECIAL APPOINTMENT/PROMOTION <input type="checkbox"/>							
<input type="checkbox"/> Group Commander <input type="checkbox"/> Squadron Commander <input type="checkbox"/> Officer of the Armed Forces <input type="checkbox"/> Officer of the PHS		<input type="checkbox"/> Mitchell <input type="checkbox"/> Earhart <input type="checkbox"/> Spaatz		<input type="checkbox"/> Former Member Grade Reinstatement			
* <input type="checkbox"/> Exceptional Qualifications (waivers) *Requires region approval.							
(3) MISSION RELATED SKILL <input type="checkbox"/>							
PILOT		COMMUNICATOR		MAINTENANCE		GROUND INSTRUCTOR	
<input type="checkbox"/> Private		<input type="checkbox"/> General Radiotelephone		<input type="checkbox"/> A or P Mechanic		<input type="checkbox"/> Basic Instructor	
<input type="checkbox"/> Instrument or Commercial		Operator License		<input type="checkbox"/> A & P Mechanic		<input type="checkbox"/> Advanced Instructor	
<input type="checkbox"/> CFI or Higher		<input type="checkbox"/> Second Class License		<input type="checkbox"/> A & P Mechanic w/		<input type="checkbox"/> Instrument Instructor	
(4) PROFESSIONAL APPOINTMENT/PROMOTION <input type="checkbox"/>							
INITIAL APPOINTMENT				SUBSEQUENT PROMOTION			
* <input type="checkbox"/> Aerospace Education Officer				<input type="checkbox"/> AE Officer			
* <input type="checkbox"/> Medical Officer				<input type="checkbox"/> Chaplain			
* <input type="checkbox"/> Legal Officer				<input type="checkbox"/> Medical Officer			
*List qualifications in Item VIII, Reverse Side.				<input type="checkbox"/> Legal Officer			
IV. NCO GRADE REQUESTED							
Check appropriate grade equivalent to NCO grade earned in active duty Armed Forces: **							
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Sgt <input type="checkbox"/> TSgt <input type="checkbox"/> MSgt <input type="checkbox"/> SMSgt <input type="checkbox"/> CMSgt </div>							
V. DEMOTION REQUESTED							
REDUCE MEMBER TO GRADE CHECKED (Enter reasons in Section VIII, on reverse side.)							
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> SM <input type="checkbox"/> FO <input type="checkbox"/> TFO <input type="checkbox"/> 2d Lt <input type="checkbox"/> 1st Lt <input type="checkbox"/> Capt <input type="checkbox"/> Maj <input type="checkbox"/> Lt Col </div>							

VI. FLIGHT OFFICER GRADE REQUESTED

Check appropriate grade and promotion method. *NOTE: Approval by the appropriate commander constitutes evidence of promotion. This promotion does not require action by National Headquarters.*

DUTY PERFORMANCE

☐ FO, Level I and 3 months as member

☐ TFO, Tech rating (Specialty Track) and 6 months as FO

FORMER CADET

☐ FO, Mitchell Award

☐ TFO, Earhart Award

VII. ACTION BY REGIONAL HEADQUARTERS AND BELOW

REQUESTED BY	SIGNATURE OF FLIGHT OR SQDN CMDR	FLIGHT OR SQUADRON	DATE
APPROVED	SIGNATURE OF GROUP COMMANDER	GROUP	ACTIONS NO. & DATE
APPROVED	SIGNATURE OF CHAIRMAN OF WING PROMOTION BOARD	WING	
APPROVED	SIGNATURE OF WING COMMANDER	WING	
APPROVED	SIGNATURE OF CHAIRMAN OF REGION PROMOTION BOARD	REGION	
APPROVED	SIGNATURE OF REGION COMMANDER	REGION	

VIII. ACTION BY NATIONAL HEADQUARTERS

☐ APPROVED A new membership card is enclosed for presentation to the individual showing his/her new grade. This endorsement constitutes evidence of promotion or demotion. No orders will be issued.

☐ DISAPPROVED Reasons are stated in the attached letter.

IX. REMARKS

INSTRUCTIONS AND GUIDANCE FOR COMPLETING CAP FORM 2. (Refer to paragraph 8, CAPR 35-5, for administrative procedures. Additional guidance on each promotion method is contained in the relevant section below.)

I. Self-explanatory.

II. Complete all applicable blocks. All training (Levels I thru

member's master file at National Headquarters.

Level I. Effective 1 January 1991 by

The only exceptions are for members who have completed more than a two-year membership before completion through TTN.

Specialty Training. Chaplains must complete initial appointment. Specify technician rating for promotion to lieutenant colonel.

III. Indicate grade requested in this block for the member being promoted under the

(1) **Duty Performance.** Ensure that the grade recommended. (See Section D, CAPR 35-5.)

(2) **Special Appointment/Promotion.** This method is used for the region commander, regardless of the current training criteria for the

(3) **Mission-Related Skill.** Promotion under this method may be made without regard to Level II training or time-in-grade. (See Section D, CAPR 35-5.)

(4) **Professional Appointments/Promotions.** Aerospace education, medical, and legal officers are not subject to Level II training, but time-in-grade is

required for promotion after the initial appointment unless higher professional qualifications are obtained which meet the initial appointment criteria for grade recommended. Chaplains must complete the ECI Course 02210 or the technician rating in specialty track No. 221 before they are eligible for promotion to major after initial appointment. Chaplains must complete ECI 221A prior to promotion of lieutenant colonel. Additional training for chaplains and aerospace education officers is encouraged but not required for subsequent promotion. (See Section E, CAPR 35-5.)

IV. Self-explanatory

V. Recommendations for demotion will follow the same administrative procedures as promotions to include consideration by the appropriate promotion board. Final action rests with the promoting authority (see paragraphs 9 and 10, CAPR 35-5.)

VI. Flight officer promotions are restricted to senior members not yet 21 years of age. The wing commander may approve these promotions or promoting authority may be delegated to the group or squadron commander. (See Section F, CAPR 35-5.)

VII. Only the promoting authority is authorized to approve promotions and this form should bear his/her personal signature. Stamped signatures are not acceptable. Deputy commanders are authorized to approve promotions only in the prolonged absence of the commander. Promotions to the grades of major and lieutenant colonel require region approval. All exceptional qualifications promotions (waivers), regardless of grade recommended, require region approval.

VIII. Self-explanatory.

It is REQUIRED to document that you have done something other than "exist, putting in your time" for this promotion. CAP does not require a specific format, although the Air Force uses the STAR (Situation/Task, Action, Result) format.

EXAMPLE: (SITUATION/TASK) Lt John Q. Public jumped right in to improve the squadron aerospace education classes by (ACTION) beginning the AEPSPM, studying Cadet AE books and teaching AE classes. (RESULTS) His efforts resulted in the cadets keeping on time with their achievements, their revitalized interest, and increased pass scores on AE Achievement testing.